

Report on a QI Project Eligible for MOC – ABMS IHHC and NCCPA PI-CME

Improving the Delivery of Confidential Care to Adolescent Patients - Wave 9

Instructions

Determine eligibility. Before starting to complete this report, go to the Michigan Medicine MOC website [<http://www.med.umich.edu/moc-qi/index.html>], click on "Part IV Credit Designation," and review sections 1 and 2. Complete and submit a "QI Project Preliminary Worksheet for Part IV Eligibility." Staff from the Michigan Medicine Part IV MOC Program will review the worksheet with you to explain any adjustments needed to be eligible. (The approved Worksheet provides an outline to complete this report.)

Completing the report. The report documents completion of each phase of the QI project. (See section 3 of the website.) Final confirmation of Part IV MOC for a project occurs when the full report is submitted and approved.

An option for preliminary review (strongly recommended) is to complete a description of activities through the intervention phase and submit the partially completed report. (Complete at least items 1-18.) Staff from the Michigan Medicine Part IV MOC Program will provide a preliminary review, checking that the information is sufficiently clear, but not overly detailed. This simplifies completion and review of descriptions of remaining activities.

Questions are in bold font. Answers should be in regular font (generally immediately below or beside the questions). To check boxes, hover pointer over the box and click (usual "left" click).

For further information and to submit completed applications, contact either:

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Report Outline

Section	Items
A. Introduction	1-6. Current date, title, time frame, key individuals, participants, funding
B. Plan	7-8. Patient population, general goal 9-11. Measures, baseline performance, specific aims 12-15. Baseline data review, underlying (root) causes, interventions, who will implement
C. Do	16. Intervention implementation date
D. Check	17-18. Post-intervention performance
E. Adjust – Replan	19-23. Post-intervention data review, underlying causes, adjustments, who will implement
F. Participation for MOC	24-26. Participation in key activities, other options, other requirements
G. Sharing results	27. Plans for report, presentation, publication
H. Organization affiliation	28. Part of UMHS, AAVA, other affiliation with UMHS

QI Project Report for Part IV MOC Eligibility

A. Introduction

1. **Date** (*this version of the report*): January 5, 2023

2. **Title of QI effort/project** (*also insert at top of front page*):
Improving the Delivery of Confidential Care to Adolescent Patients – Wave 9

3. **Time frame**
 - a. **MOC participation beginning date – date that health care providers seeking MOC began participating in the documented QI project** (*e.g. date of general review of baseline data, item #12c*):

June 1, 2022

 - b. **MOC participation end date – date that health care providers seeking MOC completed participating in the documented QI project** (*e.g., date of general review of post-adjustment data, item #26c*):

December 31, 2022

4. **Key individuals**
 - a. **QI project leader** [*also responsible for confirming individual's participation in the project*]
Name: Kaleigh Cornelison
Title: Assistant Director
Organizational unit: Community Health Services
Phone number: 734-998-2034
Email address: kaleighc@med.umich.edu
Mailing address: 3621 S. State St., Ann Arbor, MI 48108

 - b. **Clinical leader who oversees project leader regarding the project** [*responsible for overseeing/"sponsoring" the project within the specific clinical setting*]
Name: Terrill Bravender, MD, MPH
Title: Division Director, Adolescent Medicine
Organizational unit: Division of Adolescent Medicine, Department of Pediatrics
Phone number: 734-936-9777
Email address: tdbrave@med.umich.edu
Mailing address: 1500 E. Medical Center Dr, D2103 Ann Arbor, MI 48109

5. **Participants. Approximately how many physicians (by specialty/subspecialty and by training level) and physicians' assistants participated for MOC?**

Participating for MOC	Primary Specialty	Subspecialty, if any	Number
Practicing physicians	Pediatrics	(N/A)	5
Residents/Fellows	(N/A)	(N/A)	(N/A)
Physicians' Assistants	(N/A)	(N/A)	(N/A)

6. **How was the QI effort funded?** (*Check all that apply.*)
☒ Internal institutional funds (e.g., regular pay/work, specially allocated)

- ☐ Grant/gift from pharmaceutical or medical device manufacturer
- ☐ Grant/gift from other source (e.g., government, insurance company)
- ☐ Subscription payments by participants
- ☐ Other source (*describe*):

The Multi-Specialty Part IV MOC Program requires that QI efforts include one complete cycle of data-guided improvement. Some projects may have only one cycle while others may have additional cycles – particularly those involving rapid cycle improvement. The items below provide some flexibility in describing project methods and activities. If the items do not allow you to reasonably describe the steps of your specific project, please contact the UMHS Part IV MOC Program Office.

B. Plan

7. Patient population. What patient population does this project address (e.g., age, medical condition, where seen/treated):

Patients ages 12-17 in participating Pediatrics practices. The health centers that participated in the project are listed below:

- Adelante Healthcare - Goodyear
- Desert Sun Pediatrics
- Banner University Medical Center
- LSU Health New Orleans

8. General purpose.

a. Problem with patient care (“gap” between desired state and current state)

(1) What should be occurring and why should it occur (benefits of doing this)?

Physicians should be providing confidential care to minor adolescents at annual well child visits by spending time alone with the patient, explaining confidentiality laws to the patient, and performing confidential risk screening. Minor adolescent patients are more likely to discuss their health openly and honestly when they are aware of what information can and cannot be shared without their permission.

(2) What is occurring now and why is this a concern (costs/harms)?

Adolescent patients frequently do not receive recommended confidential care resulting in missed opportunities for addressing health concerns specific to this age group. Physicians support confidential care for adolescent patients but have knowledge gaps around minor consent and parental notification laws. Confidential care may also be difficult to provide in a busy ambulatory care setting with parents present.

b. Project goal. What general outcome regarding the problem should result from this project?

(State general goal here. Specific aims/performance targets are addressed in #11.)

Physicians will improve the provision of confidential care to minor adolescents by more frequently spending time alone with adolescents during an annual well child visit, explaining confidentiality laws to the patient, and performing confidential risk screening.

9. Describe the measure(s) of performance: *(QI efforts must have at least one measure that is tracked across the baseline and post-intervention periods. If more than two measures are tracked, copy and paste the section for a measure and describe the additional measures.)*

Measure 1

- **Name of measure** (e.g., *Percent of . . . , Mean of . . . , Frequency of . . .*):

Percent of adolescent patients that had confidential time with physician

- **Measure components – describe the:**

Denominator (e.g., *for percent, often the number of patients eligible for the measure*):

20 patient charts of adolescents seen for new patient (OB/GYN) or annual well exams (for peds, fam med, and med peds), (Or the total number seen in the past 3 months if less than 20).

Numerator (e.g., *for percent, often the number of those in the denominator who also meet the performance expectation*):

Number of patients who had alone time with the physician

- **The source of the measure is:**

☒ An external organization/agency, which is (*name the source, e.g., HEDIS*): Best practice in adolescent health care as recommended by the Society for Adolescent Health and Medicine, and the American Academy of Pediatrics

☐ Internal to our organization and it was chosen because (*describe rationale*):

- **This is a measure of:**

☒ Process – activities of delivering health care to patients

☐ Outcome – health state of a patient resulting from health care

Measure 2

- **Name of measure** (e.g., *Percent of . . . , Mean of . . . , Frequency of . . .*):

Percent of adolescent patients to whom confidentiality laws/limits were explained.

- **Measure components – describe the:**

Denominator (e.g., *for percent, often the number of patients eligible for the measure*):

20 patient charts of adolescents seen for new patient (OB/GYN) or annual well exams (for peds, fam med, and med peds), (or the total number seen in the past 3 months if less than 20).

Numerator (e.g., *for percent, often the number of those in the denominator who also meet the performance expectation*):

Number of patients to whom the confidentiality laws/limits was explained.

- **The source of the measure is:**

☒ An external organization/agency, which is (*name the source*): Best practice in adolescent health care as recommended by the Society for Adolescent Health and Medicine, and the American Academy of Pediatrics

☐ Internal to our organization and it was chosen because (*describe rationale*):

- **This is a measure of:**

- ☒ Process – activities of delivering health care to patients
☐ Outcome – health state of a patient resulting from health care

Measure 3

- **Name of measure** (e.g., *Percent of . . . , Mean of . . . , Frequency of . . .*):
Percent of adolescent patients who confidentially completed a standardized risk screening assessment.
- **Measure components – describe the:**
 Denominator (e.g., *for percent, often the number of patients eligible for the measure*):
 20 patient charts of adolescents seen for new patient (OB/GYN) or annual well exams (for peds, fam med, and med peds), (or the total number seen in the past 3 months if less than 20).

 Numerator (e.g., *for percent, often the number of those in the denominator who also meet the performance expectation*):
 Number of patients who confidentially completed a standardized risk screening assessment.
- **The source of the measure is:**
 - ☒ An external organization/agency, which is (*name the source*):
Best practice in adolescent health care as recommended by the Society for Adolescent Health and Medicine, and the American Academy of Pediatrics
 - ☐ Internal to our organization and it was chosen because (*describe rationale*): Data can be pulled via chart reviews.
- **This is a measure of:**
 - ☒ Process – activities of delivering health care to patients
 - ☐ Outcome – health state of a patient resulting from health care

10. Baseline performance

- a. What were the beginning and end dates for the time period for baseline data on the measure(s)?

March 1, 2022 – May 31, 2022

- b. What was (were) the performance level(s) at baseline? *Display in a data table, bar graph, or run chart (line graph). Can show baseline data only here or refer to a display of data for all time periods attached at end of report. Show baseline time period, measure names, number of observations for each measure, and performance level for each measure.*

Chart Analysis	Baseline
Confidential time spent with patient	
Yes	57
No	26
n	83
PERCENTAGES (Yes/Total)	69%
Confidentiality laws/limits explained to patient	
Yes	55
No	28
n	83
PERCENTAGES (Yes/Total)	66%
Standardized risk screening	
Yes	1
No	82
n	83
PERCENTAGES (Yes/Total)	1%

11. Specific performance aim(s)/objective(s)

- a. **What is the specific aim of the QI effort?** *“The Aim Statement should include: (1) a specific and measurable improvement goal, (2) a specific target population, and (3) a specific target date/time period. For example: We will [improve, increase, decrease] the [number, amount percent of [the process/outcome] from [baseline measure] to [goal measure] by [date].”*

The targets for the three main performance measures are that 95% of adolescent patients seen for well child checks within family medicine, pediatrics, or medicine-pediatrics, or new patient visits in OB/GYN will have their physician:

- (a) spend time alone with them,
- (b) explain minor consent laws to them, and
- (c) have them complete a confidential risk screening tool.

Physicians will work to reach these goals by October 31, 2022

- b. **How were the performance targets determined, e.g., regional or national benchmarks?**

The target was set at 95% based on leadership's experience in clinic. Occasionally confidential time and risk screening is not appropriate or possible (i.e. a special needs adolescent unable to independently complete a risk screening tool).

12. Baseline data review and planning. Who was involved in reviewing the baseline data, identifying underlying (root) causes of problem(s) resulting in these data, and considering possible interventions (“countermeasures”) to address the causes? (Briefly describe the following.)

- a. **Who was involved?** (e.g., by profession or role) Participating physicians and residents at each individual health center.
- b. **How?** (e.g., in a meeting of clinic staff) In person at provider meetings and/or via e-mail.

c. **When?** (e.g., date(s) when baseline data were reviewed and discussed)Between July 1st and July 31st 2022

Use the following table to outline the plan that was developed: #13 the primary causes, #14 the intervention(s) that addressed each cause, and #15 who carried out each intervention. This is a simplified presentation of the logic diagram for structured problem solving explained at <http://ocpd.med.umich.edu/moc/process-having-part-iv-credit-designation> in section 2a. As background, some summary examples of common causes and interventions to address them are:

Common Causes	Common Relevant Interventions
<i>Individuals: Are not aware of, don't understand.</i>	<i>Education about evidence and importance of goal.</i>
<i>Individuals: Believe performance is OK.</i>	<i>Feedback of performance data.</i>
<i>Individuals: Cannot remember.</i>	<i>Checklists, reminders.</i>
<i>Team: Individuals vary in how work is done.</i>	<i>Develop standard work processes.</i>
<i>Workload: Not enough time.</i>	<i>Reallocate roles and work, review work priorities.</i>
<i>Suppliers: Problems with provided information/materials.</i>	<i>Work with suppliers to address problems there.</i>

13. What were the primary underlying/root causes for the <u>problem(s)</u> at <u>baseline</u> that the project can address?	14. What intervention(s) addressed this cause?	15. Who was involved in carrying out each intervention? (List the professions/roles involved.)
Lack of administration buy in	Education and discussion with higher level administration	Practice manager, providers
Lack of approved questionnaire	Obtain approval and copyright use for questionnaire (RAAPS)	Practice manager, providers
Inconsistent front desk staff providing questionnaire to patient. Lack of confidentiality when patient fills out questionnaire	Educate staff on importance of giving the questionnaire to every teen and instructing them on how to ensure confidentiality	Practice Manager, front desk staff, providers
Time of visit is not adequate enough to discuss confidentiality or high-risk behaviors.	Create a reasonable workflow to allow opportunity to discuss confidentiality and high-risk behaviors. Have the patients complete screens prior to doctor entering room.	Practice Manager, providers
Clinic is not well versed in ensuring confidentiality	Educate providers and staff on workflow/procedures.	Providers, front desk staff, MAs, Practice manager
Parents/Caregivers may give resistance to leave. Staff/providers may not see importance at each visit	Stay consistent with interactions	Providers, front desk staff, MAs, Practice manager

Insufficient knowledge of adolescent confidentiality laws and practices by medical staff, parents and patients	<p>Post confidentiality laws in both Spanish and English in every exam room, in waiting rooms and at medical assistant station where patients' vitals are taken prior to going to exam room.</p> <p>Hand out "Teens, Privacy, and Health: What You Need to Know" sheet to each adolescent along with their questionnaire.</p> <p>Inform/teach medical staff of AZ confidentiality laws at staff meeting, refer to appropriate websites, and reinforce teaching at subsequent staff meetings.</p>	Providers, front desk staff, MAs, Practice manager
Stigma/fear felt by medical staff, parents, and by patients towards discussion of high-risk behaviors.	<p>Provide an open and comfortable medical environment and promote the view of the medical practice as medical home for patients and their families.</p> <p>Hand out to parents at each adolescent well check a letter stating that we hope to talk to their adolescents in private and fill out a health survey in confidence.</p> <p>Have patients come back to exam first, without parents, to fill out screening questionnaire, and then meet provider first, then bring parent back to exam room.</p> <p>Post infographic in each room on confidential risk screening.</p>	Providers, front desk staff, MAs, Practice manager
Current medical practice workflow is not optimized to capture high risk behaviors	Getting teen's phone number at check in along with handing parents and adolescents their respective letters/questionnaires.	Front desk staff
Difficult to remember to give paperwork once visits are started, and papers not kept near patient area	Make printed copies of screening questionnaires easier to access and discuss having questionnaire built into EPIC.	Providers, nurses, front desk, Practice manager

Note: If additional causes were identified that are to be addressed, insert additional rows.

C. Do

16. By what date was (were) the intervention(s) initiated? *(If multiple interventions, date by when all were initiated.)*

August 1, 2022

D. Check**17. Post-intervention performance measurement. Are the population and measures the same as those for the collection of baseline data (see item 9)?**

☒ Yes ☐ No – If no, describe how the population or measures differ:

18. Post-intervention performance**a. What were the beginning and end dates for the time period for post-intervention data on the measure(s)?**

August 1, 2022 – October 31, 2022

b. What was (were) the overall performance level(s) post-intervention? Add post-intervention data to the data table, bar graph, or run chart (line graph) that displays baseline data. Show baseline and post-intervention time periods and measure names and for each time period and measure show number of observations and performance level.

Chart Analysis	Baseline	Post Intervention
Confidential time spent with patient		
Yes	57	50
No	26	24
n	83	74
PERCENTAGES (Yes/Total)	69%	68%
Confidentiality laws/limits explained to patient		
Yes	55	48
No	28	26
n	83	74
PERCENTAGES (Yes/Total)	66%	65%
Standardized risk screening		
Yes	1	23
No	82	51
n	83	74
PERCENTAGES (Yes/Total)	1%	31%

c. Did the intervention(s) produce the expected improvement toward meeting the project's specific aim (item 11.a)?

No, the intervention did not produce the expected outcomes as confidential time, and confidential law measures slightly declined. Standardized risk screening did increase; however, it did not meet the goal of reaching 95% of the adolescent patient population. Physicians did not meet their goal in this instance because they needed more time to implement the noted practice improvements. Many are still in process with putting new improvements in place and it is likely the desired changes will be able to reach the desired level in the future.

E. Adjust – Replan

19. Post-intervention data review and further planning. Who was involved in reviewing the post-intervention data, identifying underlying (root) causes of problem(s) resulting in these new data, and considering possible interventions ("countermeasures") to address the causes? (Briefly describe the following.)

a. Who was involved? (e.g., by profession or role)

☒ Same as #12? ☐ Different than #12 (describe):

b. How? (e.g., in a meeting of clinic staff)

☒ Same as #12? ☐ Different than #12 (describe):

c. When? (e.g., date(s) when post-intervention data were reviewed and discussed)

Between December 1 and December 31 2022

Use the following table to outline the next plan that was developed: #20 the primary causes, #21 the adjustments/second intervention(s) that addressed each cause, and #22 who carried out each intervention. This is a simplified presentation of the logic diagram for structured problem solving explained at <http://ocpd.med.umich.edu/moc/process-having-part-iv-credit-designation> in section 2a.

Note: Initial intervention(s) occasionally result in performance achieving the targeted specific aims and the review of post-intervention data identifies no further causes that are feasible or cost/effective to address. If so, the plan for adjustments should be to continue the interventions initiated in intervention.

20. What were the primary underlying/root causes for the <u>problem(s)</u> following the <u>intervention(s)</u> that the project can address?	21. What adjustments/second intervention(s) addressed this cause?	22. Who was involved in carrying out each adjustment/second intervention? (List the professions/roles involved.)
Lack of administration buy in	Met with site leader and Peds director to provide information and discussion implantation	Practice manager, providers
Lack of approved questionnaire	Approval and copyright use for questionnaire (RAAPS) is pending	Practice manager, providers
Inconsistent front desk staff providing questionnaire to patient. Lack of confidentiality when patient fills out questionnaire	Discussed with staff during huddles the importance of giving the questionnaire to every teen and instructing them on how to ensure confidentiality. Managers have reinforced the importance of consistency.	Practice Manager, front desk staff, providers
Time of visit is not adequate enough to discuss confidentiality or high-risk behaviors.	Create a reasonable workflow to allow opportunity to allow opportunity and efficiency Ensure patient is identified in age group and getting specific information needed (utilize dot phrases, templates)	Practice Manager, providers

Clinic is not well versed in ensuring confidentiality	Educate providers and staff on workflow/procedures.	Providers, front desk staff, MAs, Practice manager
Parents/Caregivers may give resistance to leave. Staff/providers may not see importance at each visit	Educate providers and staff on workflow/procedures. Continue to educate staff/ providers regarding importance of performing and documenting adolescent specific care	Providers, front desk staff, MAs, Practice manager
Insufficient knowledge of adolescent confidentiality laws and practices by medical staff, parents and patients	The confidentiality posters have been posted in the exam rooms and in the medical assistant triage station on both the sick and the well sides of the office. Have not printed out the "Teens, Privacy, and Health: What You Need to Know" handout but plan on printing out both the English and Spanish version to give to each adolescent along with the our adolescent questionnaire at each adolescent well child check up from 12-18 years old. Print adolescent confidentiality rights, after having it approved by office providers, to the parents to adolescents when they check in for their well checkups.	Providers, front desk staff, MAs, Practice manager
Stigma/fear felt by medical staff, parents, and by patients towards discussion of high-risk behaviors.	Have stressed in the past and continue to do so, our office being a medical home for adolescents. Have had discussions with staff about not stigmatizing high risk behaviors or lifestyles or choices or sexual preferences in an effort to remove preconceived misconceptions and stereotypes. Will continue to stress an open environment of acceptance and tolerance in the office in an effort to improve adolescent comfort level and thereby their willingness to talk to us.	Providers, front desk staff, MAs, Practice manager
Current medical practice workflow is not optimized to capture high risk behaviors	Have asked front office and providers to get adolescent phone numbers at check in and during the office visit but have been inconsistent. Will plan on setting up a structure so that it done and assured at each well adolescent checkup.	Front desk staff
Difficult to remember to give paperwork once visits are started, and papers not kept near patient area	Will place copies of questionnaire on clipboard in patient rooms.	Providers, nurses, front desk, Practice manager

	Include slides on RAAPS questionnaire in resident clinic lectures. Will do this over a couple of weeks to ensure catching all residents.	
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Note: If additional causes were identified that are to be addressed, insert additional rows.

23. Are additional PDCA cycles to occur for this specific performance effort?

- ☒ No further cycles will occur.
- ☐ Further cycles will occur but will not be documented for MOC. *If checked, summarize plans:*

F. Minimum Participation for MOC

24. Participating directly in providing patient care.

a. Did any individuals seeking MOC participate directly in providing care to the patient population?

- ☒ Yes ☐ No *If "No," go to item #32.*

b. Did these individuals participate in the following key activities over the one cycle of data-guided improvement?

1. Identify and/or acknowledge a gap(s) in outcomes or in care delivery as described in #8.
2. Identify and/or review data related to the gap(s) as described in #9-10.
3. Identify or acknowledge appropriate intervention(s) designed to improve the gap(s), OR participate in the planning and selection of intervention(s) designed to improve the gap(s) as described in #11-15.
4. Implement intervention(s) for a timeframe appropriate to addressing the gap(s), OR monitor and manage implementation of intervention(s) for a timeframe appropriate to addressing the gap(s) as described in #16.
5. Review post-intervention data related to the gap(s) as described in #17-22.
6. Reflect on outcomes to determine whether the intervention(s) resulted in improvement. If no improvement occurs after an intervention, participants must reflect on why no improvement occurred (this will take place during the attestation process).

- ☒ Yes ☐ No *If "Yes," individuals are eligible for MOC unless other requirements also apply and must be met – see item # 33.*

25. Not participating directly in providing patient care.

a. Did any individuals seeking MOC not participate directly in providing care to the patient population?

- ☐ Yes ☒ No *If "No," go to item 26.*

b. Were the individual(s) involved in the conceptualization, design, implementation, and assessment/evaluation of the cycles of improvement? (E.g., a supervisor or consultant who is involved in all phases, but does not provide direct care to the patient population.)

- ☐ Yes ☐ No *If "Yes," individuals are eligible for MOC unless other requirements also apply and must be met – see item # 26. If "No," continue to #25c.*

c. Did the individual(s) supervise residents or fellows throughout their performing the entire QI effort?

- ☐ Yes ☐ No If "Yes," individuals are eligible for MOC unless other requirements also apply and must be met – see item # 26.

26. Did this specific QI effort have any additional participation requirement for MOC? (E.g., participants required to collect data regarding their patients.)

- ☐ Yes ☒ No If "Yes," describe:

Individuals who want their participation documented for MOC must additionally complete an attestation form, confirming that they met/worked with others as described in this report and reflecting on the impact of the QI initiative on their practice or organizational role. Following approval of this report, the UMHS QI MOC Program will send to participants an email message with a link to the online attestation form.

G. Sharing Results

27. Are you planning to present this QI project and its results in a:

- ☒ Yes ☐ No Formal report to clinical leaders?
☒ Yes ☐ No Presentation (verbal or poster) at a regional or national meeting?
☒ Yes ☐ No Manuscript for publication?

H. Project Organizational Role and Structure

28. UMHS QI/Part IV MOC oversight – indicate whether this project occurs within UMHS, AAVA, or an affiliated organization and provide the requested information.

☒ **University of Michigan Health System**

- **Overseen by what UMHS Unit/Group? (name):** Department of Pediatrics
- **Is the activity part of a larger UMHS institutional or departmental initiative?**
☒ No ☐ Yes – the initiative is (name or describe):

☐ **Veterans Administration Ann Arbor Healthcare System**

- **Overseen by what AAVA Unit/Group? (name):**
- **Is the activity part of a larger AAVA institutional or departmental initiative?**
☐ No ☐ Yes – the initiative is:

☐ **An organization affiliated with UMHS to improve clinical care**

- **The organization is (name):**
- **The type of affiliation with UMHS is:**
 - ☐ **Accountable Care Organization (specify which member institution):**
 - ☐ **BCBSM funded, UMHS lead state-wide Collaborative Quality Initiative (specify which):**
 - ☐ **Other (specify):**